

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0661-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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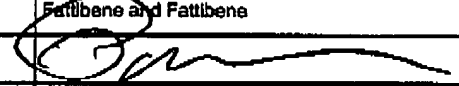
| | | |
|---|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/687,846 |
| | Filing Date | September 22, 2003 |
| | First Named Inventor | DISCKO |
| | Art Unit | 3732 |
| | Examiner Name | Cary E. O'CONNOR |
| Total Number of Pages in This Submission | Attorney Docket Number | P-2469 |

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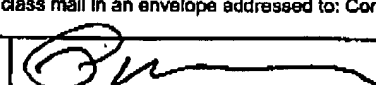
JAN 07 2005

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Fattibene and Fattibene | | |
| Signature |  | | |
| Printed name | Paul A. FATTIBENE | | |
| Date | January 7, 2005 | Reg. No. | 31,694 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
|---|---|------|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature |  | | |
| Typed or printed name | Paul A. FATTIBENE | Date | January 7, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2005. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**60****Complete if Known**

| | |
|----------------------|------------------|
| Application Number | 10/667,846 |
| Filing Date | Sep-22, 2003 |
| First Named Inventor | Disc40 |
| Examiner Name | Cary E. O'CONNOR |
| Art Unit | 3732 |
| Attorney Docket No. | P-2969 |

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METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number **06-0250** Deposit Account Name **Fattibene & Fattibene**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 40 **Extra Claims** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 8 **Extra Claims** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 **Extra Sheets** 0 **Number of each additional 50 or fraction thereof** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0

100 - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One month Extension, Small Entity

Fees Paid (\$)

\$60

| | | | |
|-------------------|---|--------------------------------|-------------------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. 31,694 | Telephone 203-255-4400 |
| Name (Print/Type) | Paul A. FATTIBENE | | Date Jan. 7, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor : John J. DISCKO, Jr.
Serial No. : 10/667,846
Filed : September 22, 2003
For : DISPENSER FOR LOW VISCOSITY DENTAL MATERIALS

Art Unit : 3732
Examiner : Cary E. O'CONNOR

Attorney Docket : P-2469

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Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

PETITION AND FEE FOR EXTENSION OF TIME

Dear Sir:

This is a petition for a **ONE-month** extension of time to respond to the Office Action mailed **September 8, 2004**. A response to the shortened statutory period was due on **December 8, 2004**.

Therefore, the extension will extend the period for response to **January 8, 2005**. A response in connection with this matter is being filed herewith and, pursuant to 37 CFR 1.8, should be deemed as timely filed within the extension period.

The **small entity** extension fee for a **ONE-month** extension of time is **\$60.00**. The Fee Transmittal form PTO/SB/17 and Credit Card Payment Form PTO-2038 are being transmitted with this Petition and Fee for Extension of Time for payment of the required extension fee.

Although the undersigned believes that no further extension of time or fee is required, if a further extension of time or fee should be required, please consider this a petition therefore and authorization to the Commissioner to charge Account No. 06-0250.

Respectfully submitted,



Paul A. Fattibene
Reg. No. 31,694

2480 Post Road
Southport, Connecticut 06890
Tel. (203)255-4400

Certification of Facsimile Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office located at facsimile number **703-872-9306** on the date indicated by my signature below.

January 7, 2005

Date



Paul A. Fattibene